

6th Annual Wyoming Symposium for Health Information Professionals

Registration Form

WYOMING SYMPOSIUM

July 15th – 17th

William Robertson Coe Library
Corner of 13th & Ivinson
Laramie, WY

Your Information:

Your Name: _____

Institution: _____

Street Address: _____

City: _____ State: _____ ZipCode: _____

Telephone: _____

E-mail: _____

Symposium Fee:

- ☐ No Fee: Attending Café-to-Go Session only. July 16th (8 a.m. to 2 p.m.)
- ☐ \$50: July 15th-17th (includes two nights lodging: Wednesday & Thursday)
- ☐ \$25: One-day Registration (no lodging included)
- _____ Thursday, July 16 (7:45 a.m. to 6 p.m.)
- _____ Friday, July 17 (7:45 a.m. to 12:30 p.m.)

Payment:

- ☐ I've enclosed a \$50/\$25 check payable to **University of Wyoming Libraries**.

Lodging: (for 3-day registrants)

- ☐ Please reserve a room for me on campus for July 15th & 16th (queen size bed with micro-fridge in rooms).
- ☐ No thank you. I am planning to attend, but will provide my own lodging.

Please make your reservations by June 10, 2009

Mail Completed Form & Payment To:

University of Wyoming Libraries
Attn: Matt or Lona/Administration
Dept. 3334 • 1000 E. University Ave.
Laramie, WY 82071-3334



For More Information Contact:

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